

Merritt Island National Wildlife Refuge

VIOLATION REPORT FORM

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL!

Name (Optional) _____

Phone number (Optional) _____

Type of violation. _____

Location (be as specific as possible), including county. _____

Date Violation occurred ____ / ____ / ____ Time violation occurred _____

Did you personally see the violation? _____

Were there other witnesses? (Names are optional) _____

If you did not see the violation, who did? _____

Type & description of vehicle or other equipment used in the violation _____

Does the violator know you witnessed the act ? _____

Names of individuals involved (if known) _____

Do you know if and when the individuals will return? _____

Any other observations or comments?
